**Appendix D**

**Plymouth State University**

**Institutional Review Board**

**RENEWAL / PROTOCOL AMENDMENT FORM**

**Plymouth State University**

**Institutional Review Board**

1. Date: Click or tap to enter a date.

2. Principle Investigator: Click or tap here to enter text.

3. Email: Click or tap here to enter text.

4. Telephone: Click or tap here to enter text.

5. Supervising Professor (for Student Projects): Click or tap here to enter text.

5a. Email: Click or tap here to enter text.

5b. Phone: Click or tap here to enter text.

6. Project Title: Click or tap here to enter text.

7. Sponsoring Agency (if applicable): Click or tap here to enter text.

8. Initial IRB Approval Date: Click or tap here to enter text.

9. Action requested (check one):

One-year renewal without changes

One-year renewal with changes (please describe in item *#15*)

Changes within current approval period (please describe in #15)

10. Does this project involve oversight from another Institutional Review Board? Check one:

No

Yes, (please specify institution): Click or tap here to enter text.

11. Give a brief description of the project: Click or tap here to enter text.

12. What is the current status of the project?

Currently open to new participant enrollment

Currently closed to new participant enrollment, but with participants still undergoing intervention or study

Currently closed to new participant enrollment, with intervention over, but ongoing participant monitoring

Currently closed to new enrollment, but continuing with data analysis using identifiable information

Other (explain) Click or tap here to enter text.

13. How many participants or patients have been studied to date? Click or tap here to enter text.

14. Did any problems emerge or were any serious, unexpected, adverse subject experiences observed?

No

Yes, (Please explain) Click or tap here to enter text.

15. Please describe any changes, however minor, to the research protocol. Please include an electronic copy of the consent form(s) or protocols if amended.

No changes to previously approved application

Changes: (please detail): Click or tap here to enter text.

16. Please sign below and return to the chair of the Institutional Review Board.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator (electronic signature)